

Dis	strict Name:	_ District Code:		
Co	ordinator's Name (Print):			
Co	ordinator's Signature:	Date:		
Instructions: Fill in the district name and district code above. On the back of this page, record the school names and school codes for each school that tested students with MI-Access materials that should be included in the district return shipment to Measurement Incorporated. If you need more space than the lines provide, please staple an additional page containing the remaining school names and codes and write "Continued" in the Total box. On the additional page, write "Total" and the total number of schools.				
As you are preparing the materials for return, check off the items below. Once all items are completed, sign and date this form indicating that you have verified all the following before returning materials to Measurement Incorporated. Retain a copy of this form for your records and please return the original with your materials in Box 1.				
	All answer documents have been checked and barcode label. I recognize that a \$10 fee will document without a label.			
	Answer documents are free of sticky notes, p material.	aper clips, and other extraneous		
	Class/Group ID Sheets (if used) have been finside the School Return Envelope(s). If class the sheets have been omitted.	•		
	Header sheets have been accurately complete been grouped by answer document type.	ed and all answer documents have		
	School Return Envelopes have all been comp handling selections have been marked.	leted and all applicable special		
	All secure materials are included in this shipn appropriate divider sheets.	nent and packed under the		
	Yellow Materials Return labels have been com	npleted and affixed to each box.		
D R S - 3				



School Name	School Code (five digits)	Measurement Incorporated Use Only
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
TOTAL NUMBER OF SCHOOLS:		
(Enter the number or write "Continued.")		